

munication with our California lawmakers. Now it is incumbent upon physicians to use this entree to effectively present our case, intelligently explore our positions and seek their support or opposition on legislative proposals as they may or may not be in our best interests or our patients'.

Whether AMPAC-CALPAC's success can be transplanted to future legislative victories is the real test of our effectiveness. Only through continuing membership support can AMPAC-CALPAC be prepared to play an even more vital role in the 1974 elections, and only through physicians at the local level communicating with their legislators can the value of our political action be accurately appraised.

Sincerely,

JAMES C. MACLAGGAN, M.D.
*Chairman
CALPAC Board of Directors*

Multiple Prescription Blanks

To the Editor: I am replying to the letter written by Mr. Levine in your November 1972 issue.

Our office (four pediatricians) recently purchased a trial supply of multiple prescription blanks. Based on my initial experience with them, I must disagree with Mr. Levine. I like the system and so do our local pharmacists, so they've told me.

On the reverse side of the blank is a specifically designed space for just the information Mr. Levine stipulates the druggist will affix to the prescription and there is plenty of room for this purpose. Using the multiple prescription blanks there is less chance that the patient will lose a prescription or withhold one for a future date (in my experience a rather common problem).

As to the argument that mistakes may be made; well, any prescription is only as good as the pharmacist who fills it. And certainly accuracy is not too much to ask. This is more than amply rewarded by reduced filing space and more accurate and available prescription filing made possible by fewer prescriptions per patient. And

lastly it frankly reduces the redundancy of names, addresses, etc. that I have to write and allows me to spend more time on patient care.

In conclusion I think I'll keep my multiple prescription blanks.

MYRON M. FABER, M.D.
San Francisco

Of Drugs and Races

To the Editor: There is apparently a large reservoir of strong opinion among diverse groups that many bad decisions were made at the recent Olympic Games in Germany. Among the most flagrant was the disqualification of Rick DeMont in the 400 meter swimming freestyle event for alleged violation of the rule against taking "pep pills," the loss of his gold medal and the later barring of his participation in the 1500 meter freestyle.

I have received a letter from Mr. Albert Schoenfield, editor and publisher of *Swimming World* magazine, informing me that a group is actively pursuing this matter with the object of persuading the U.S. Olympic Committee to appeal this before the International Olympic Committee when they will hear such matters in February.

May I take this opportunity to appeal through the pages of CALIFORNIA MEDICINE to readers who feel that the DeMont case was unjustly handled to indicate their concurrence by dropping a post card to CALIFORNIA MEDICINE. Since the circumstances leading up to the disciplinary action involve medical considerations to such a degree, it would be especially helpful, I think, to have a strong voice of protest from physicians.

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